



How does DoD determine a reasonable active duty obligation?

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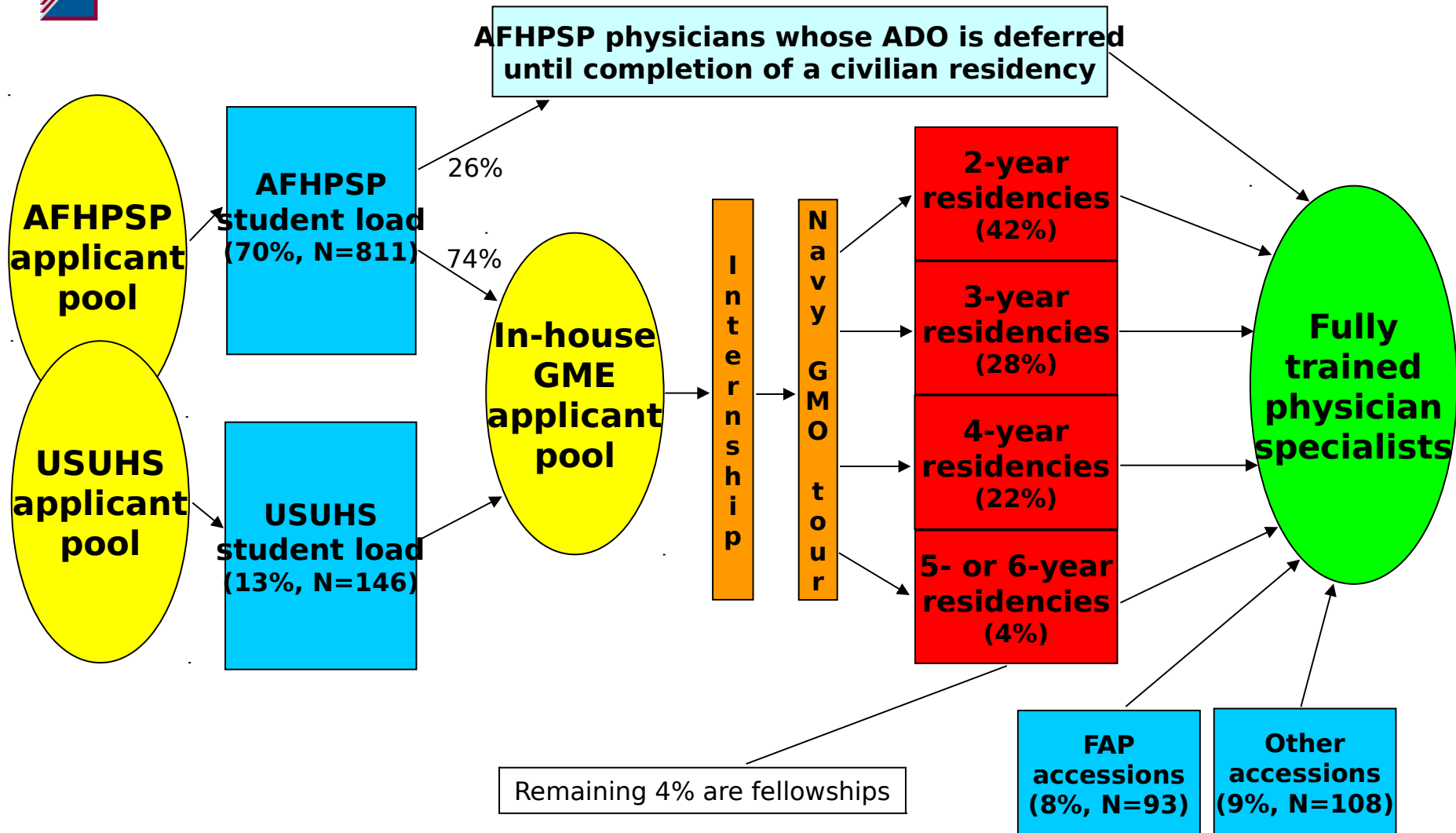
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Why look at the ADO?



- DoD spends a lot of money to access and train military physicians
 - Armed Forces Health Professions Scholarship Program (AFHPSP) ~ \$50K per year
 - Graduate Medical Education (GME) ~ \$104K per year
- Because of large military-civilian pay gaps for many specialties, military physicians' retention behavior is not very responsiveness to pay increases
- Is DoD getting a big enough return (years of practice) on its investment?

Physician accession and training

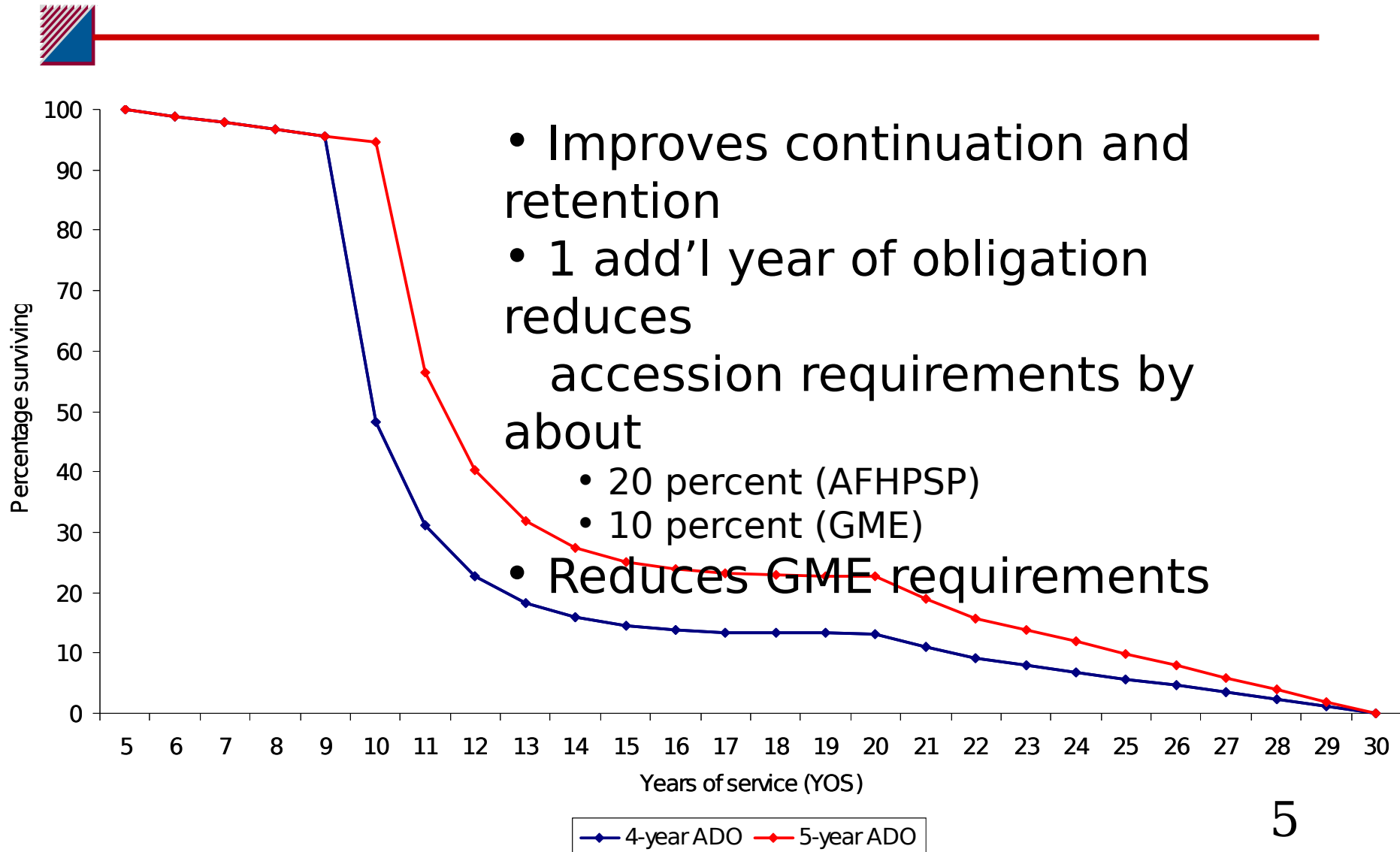


Approach



- We estimated the impact on retention, accession requirements, and cost
 - Created a statistical model based on a 15-year panel of robust Navy physician data
 - Used our life-cycle model and estimated the accession requirements and costs
- We evaluated the impact on applicant pools
 - Gathered recruiters' and GME program directors' perceptions
 - Surveyed current AFHPSP medical students and current in-house residents and fellows
 - Compared the Services' applicant pools with national trends
 - Appraised past obligation changes

Impact on requirements



Impact on AFHPSP applicant pool

- AFHPSP questionnaire
 - Willingness to accept a 5-year ADO
 - 51 percent overall
 - 71 percent of those with prior military service
 - 63 percent of osteopaths (all but one school are private schools)
 - 48 percent of allopaths
 - 64 percent of those that applied to USUHS
 - 16 percent applied to USUHS
 - 15 percent applied to more than one Service
- Recruiters generally felt that they could still meet recruiting goals with a 1-year ADO increase
 - Recruiters felt that larger ADO increases aren't feasible
 - Services haven't maximized recruiter incentives

6-year ADO – 32%

7-year ADO – 22%

Impact on GME applicant pool

- GME questionnaire
 - Willingness to accept an obligation-to-training ratio of 1.25:1
 - 55 percent overall
 - 54 percent of residents
 - 63 percent of fellows
 - 67 percent of residents in primary care specialties
 - 50 percent of residents in surgical specialties
 - 73 percent of USUHS accessions
 - 69 percent of those with prior military service
 - 51 percent plan to stay until at least 20 years of service
- GME program directors felt that a 1-year increase would not significantly alter the applicant pool
 - Most expressed concern with larger ADO increases

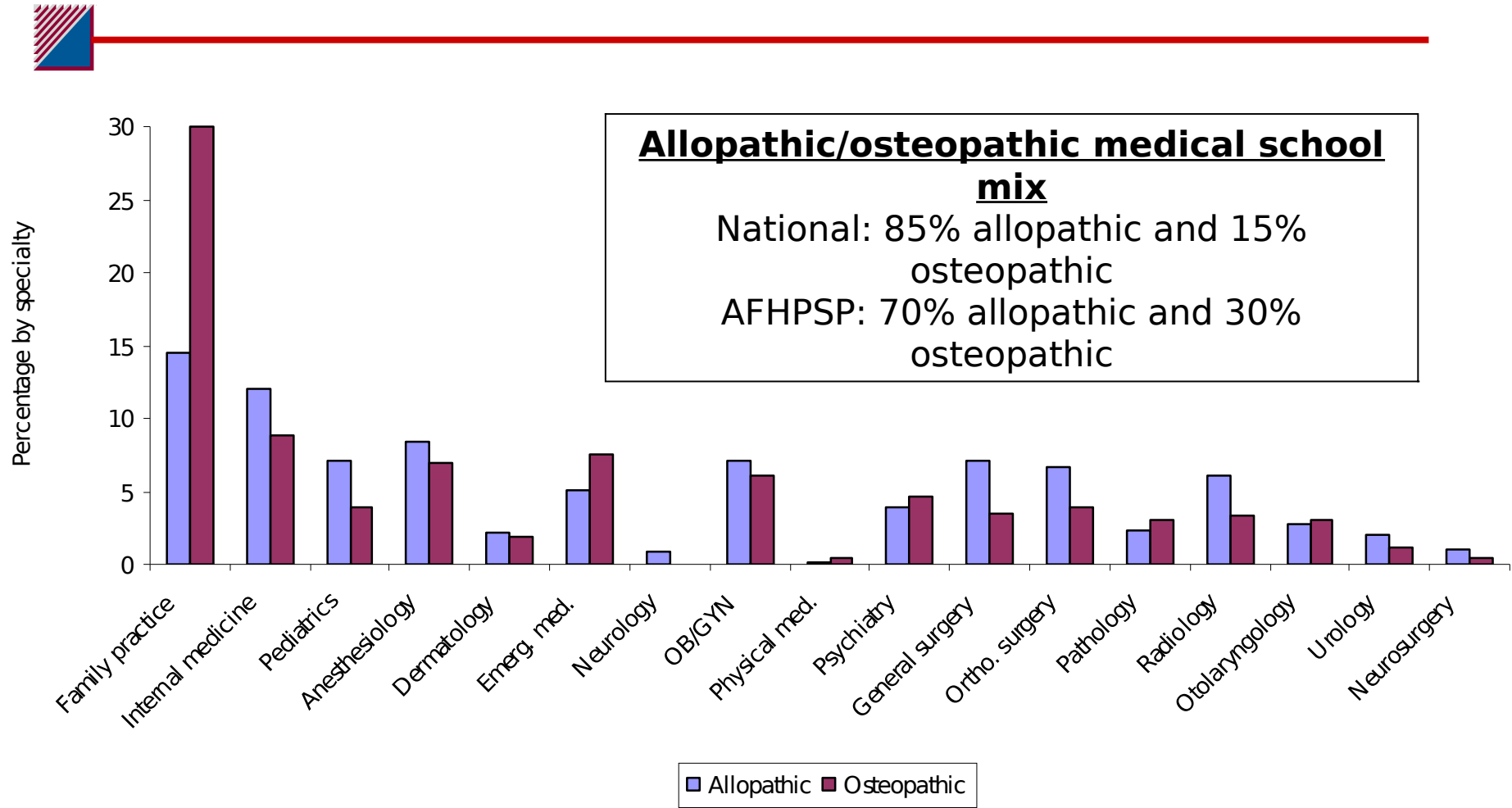
Recruiting issues



Recruiter characteristic	Army	Navy	Air Force
Officer or enlisted	Officer and enlisted	Officer and enlisted	Enlisted
Medical or nonmedical	NC and MSC officers and nonmedical enlisted	NC and MSC officers and HMs	Nonmedical
1-tour or career	Officers (1 tour) and	1-tour recruiters	Career rs

Competitive area	Points per contract relative to AFHPSP contracts	
	Navy	Air Force
Fully trained (MC)	3.84	10.00
MSC or BSC	1.86	4.32
Dental	0.87	3.04

Specialty choice - Navy



Findings



- AFHPSP and GME applicant pools will not support large ADO increases.
- We recommend DoD marginally increase its military physician ADO by:
 - Increasing either the AFHPSP or GME ADO by 1-year
 - How best to implement the increase depends on the problem you're trying to fix
- Regardless, DoD must alter the GME program if it makes significant changes to the AFHPSP or GME ADO
 - Otherwise, GME may drive over manning

Years until additional ADO is realized

